

**ST. PAUL'S EPISCOPAL HOME, INC.**

U.S. RETURN OF ORGANIZATION EXEMPT  
FROM INCOME TAX

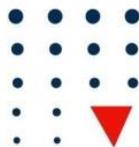
U.S. EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN

CALIFORNIA EXEMPT ORGANIZATION  
BUSINESS INCOME TAX RETURN

AND

CALIFORNIA ANNUAL REGISTRATION RENEWAL FEE REPORT

FOR THE YEAR ENDING **AUGUST 31, 2022**



**LAVINE, LOFGREN,  
MORRIS & ENGELBERG, LLP**

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CERTIFIED PUBLIC ACCOUNTANTS

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

AUGUST 31, 2022

<b>Prepared for</b>	ST. PAUL'S EPISCOPAL HOME, INC. 328 MAPLE STREET SAN DIEGO, CA 92103
<b>Prepared by</b>	LAVINE, LOFGREN, MORRIS & ENGELBERG LLP 4180 LA JOLLA VILLAGE DR, STE 300 LA JOLLA, CA 92037
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Taxpayer Copy

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning SEP 1, 2021, and ending AUG 31, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**ST. PAUL'S EPISCOPAL HOME, INC.**

EIN or SSN

**\*\* - \*\*\*1196**

Name and title of officer or person subject to tax **RANDALL SANNER**  
**CFO**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>41,890,893.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize LAVINE, LOFGREN, MORRIS & ENGELBERG LLP to enter my PIN 91196  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**33260195378**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

102521 01-11-22

17311015 769632 952111196

2021.06010 ST. PAUL'S EPISCOPAL HOME, 95211111

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **SEP 1, 2021** and ending **AUG 31, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ST. PAUL'S EPISCOPAL HOME, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>328 MAPLE STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO, CA 92103</b>	<b>D</b> Employer identification number <b>** - ***1196</b>  <b>E</b> Telephone number <b>(619) 239-6900</b>
<b>F</b> Name and address of principal officer: <b>CHERYL WILSON</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>49,672,847.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.STPAULSENIORS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1961</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ST. PAUL'S IS SPIRITUALLY GUIDED TO HELP SENIORS LEAD ENRICHED LIVES THROUGH EXCELLENT AND INNOVATIVE</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>19</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>19</b> <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <b>490</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>54</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">4,079,735.</td> <td style="text-align: right;">7,853,412.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">25,103,610.</td> <td style="text-align: right;">26,356,666.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">164,472.</td> <td style="text-align: right;">56,210.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">6,860,872.</td> <td style="text-align: right;">7,624,605.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">36,208,689.</td> <td style="text-align: right;">41,890,893.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	4,079,735.	7,853,412.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	25,103,610.	26,356,666.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	164,472.	56,210.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	6,860,872.	7,624,605.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	36,208,689.	41,890,893.							
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**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>RANDALL SANNER, CFO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNIFER A. GLASER</b>	Preparer's signature 	Date <b>10/15/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00886843</b>
	Firm's name ▶ <b>LAVINE, LOFGREN, MORRIS &amp; ENGELBERG LLP</b>	Firm's EIN ▶ <b>** - ***0020</b>			
	Firm's address ▶ <b>4180 LA JOLLA VILLAGE DR, STE 300</b> <b>LA JOLLA, CA 92037</b>				Phone no. (858) 455-1200

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ST. PAUL'S IS SPIRITUALLY GUIDED TO HELP SENIORS LEAD ENRICHED LIVES THROUGH EXCELLENT AND INNOVATIVE SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 9,649,559. including grants of \$ ) (Revenue \$ 8,269,196.) ST. PAUL'S PLAZA IS A LICENSED RESIDENTIAL CARE RETIREMENT COMMUNITY. THE PLAZA PROVIDES RENTAL HOUSING, FOOD SERVICES, ASSISTED LIVING, MEMORY CARE AND OTHER SUPPORT SERVICES TO RESIDENT SENIORS. THE PLAZA ALSO PROVIDES DIETARY AND OTHER SERVICES TO OTHER PROGRAMS OF THE ORGANIZATION.

4b (Code: ) (Expenses \$ 6,591,845. including grants of \$ ) (Revenue \$ 6,334,622.) ST. PAUL'S VILLA IS A SENIOR ASSISTED-LIVING COMMUNITY WHICH PROVIDES HOUSING, FOOD SERVICES, ASSISTED LIVING, MEMORY CARE, AND OTHER SUPPORTIVE SERVICES TO RESIDENT SENIORS. THE VILLA ALSO PROVIDES DIETARY AND OTHER SERVICES TO OTHER PROGRAMS OF THE ORGANIZATION.

4c (Code: ) (Expenses \$ 6,092,495. including grants of \$ ) (Revenue \$ 7,073,029.) MCCOLL HEALTH CENTER IS A SKILLED NURSING FACILITY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,469,632. including grants of \$ 87,879.) (Revenue \$ 12,189,016.)

4e Total program service expenses 28,803,531.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

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**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 19		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 19		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**  
**THE ORGANIZATION - 619-239-6900**  
**328 MAPLE STREET, SAN DIEGO, CA 92103**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK EDD BOARD CHAIR	5.00 1.00	X		X				0.	0.	0.
(2) RANDY TRUAX VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(3) LOUISE PHIPPS TREASURER	2.00 1.00	X		X				0.	0.	0.
(4) GLORIA JAMES SECRETARY	2.00 1.00	X		X				0.	0.	0.
(5) JOE CRAVER IMMEDIATE PAST CHAIR	2.00 1.00	X		X				0.	0.	0.
(6) MARK ALLAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(7) JANET COOPER DIRECTOR	1.00 1.00	X						0.	0.	0.
(8) JAMES DEVITO DIRECTOR	1.00 1.00	X						0.	0.	0.
(9) LAURY GRAVES DIRECTOR	1.00 1.00	X						0.	0.	0.
(10) DAN GROSS DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) JONATHAN HUNTER DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) KIRK JACKSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) ROBERTA JACOBSEN DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) WILLIAM LITTLEJOHN DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) BEN MEZA DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) JAKE SUTTON DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) RICHARD THORN, ESQ. DIRECTOR	1.00 1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL MCHALE CURRENT CEO, PRESIDENT (03/2022 FORW	16.00 44.00	X		X				0.	0.	0.
(19) CHERYL WILSON FORMER CEO, PRESIDENT (UNTIL 03/2022	16.00 44.00	X		X				433,068.	0.	46,552.
(20) TIM FRAZIER CAO	8.00 42.00			X				197,112.	0.	24,217.
(21) RANDALL SANNER CFO	13.00 37.00			X				202,224.	0.	18,042.
(22) ELLEN SCHMEDING COO	40.00 10.00			X				204,076.	0.	23,865.
(23) KIM MCNULTY FINANCE DIRECTOR	30.00 20.00					X		155,172.	0.	18,884.
(24) CORY FISH HR DIRECTOR	40.00 10.00					X		151,341.	0.	18,850.
(25) MARK VALLADOLID IT DIRECTOR	20.00 30.00					X		152,754.	0.	18,819.
(26) ELEANOR DOWNING VILLA ADMINISTRATOR	40.00					X		150,385.	0.	12,363.
<b>1b Subtotal</b>								1,646,132.	0.	181,592.
<b>c Total from continuation sheets to Part VII, Section A</b>								147,781.	0.	18,266.
<b>d Total (add lines 1b and 1c)</b>								1,793,913.	0.	199,858.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **16**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BRIGHTSTAR CARE OF CORONADO/LA MESA, 680 FLETCHER PKWY STE 206, EL CAJON, CA 92020	HEALTH AND MEDICAL SERVICES	2,324,101.
TABULA RASA HEALTHCARE, 228 STRAWBRIDGE DR #100, MOORESTOWN, NJ 08057	HEALTHCARE SERVICES	1,368,106.
NEW LIFE PHYSICAL THERAPY SERVICES SAN DIEG 17122 BEACH BLVD #101, HUNTINGTON BEACH, CA	HEALTHCARE SERVICES	764,854.
SHIH TUO TANG MD INC 31 LA RONDA, IRVINE, CA 92606	HEALTH AND MEDICAL SERVICES	336,508.
SILVER MEDICAL STAFFING, INC, 310 3RD AVE, SUITE B2, CHULA VISTA, CA 91910	HEALTH AND MEDICAL SERVICES	309,166.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	293,584.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	59,828.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	7,500,000.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			7,853,412.			
<b>Program Service Revenue</b>	<b>2 a</b> VILLA AND PLAZA	<b>Business Code</b>	623000	14,603,818.	14603818.		
	<b>b</b> MCCOLL HEALTH CENTER		623000	7,073,029.	7,073,029.		
	<b>c</b> RENTAL INCOME		531120	2,151,466.	2,151,466.		
	<b>d</b> MANOR		623990	1,823,931.	1,823,931.		
	<b>e</b> CHILDCARE		624410	704,422.	704,422.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			26,356,666.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			259,120.		259,120.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	350,307.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>		234,899.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		115,408.			
	<b>d</b> Net rental income or (loss)			115,408.		115,408.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	7,344,145.			
			(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		7,547,055.				
<b>c</b> Gain or (loss)	<b>7c</b>		-202,910.				
<b>d</b> Net gain or (loss)			-202,910.		-202,910.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> MANAGEMENT FEES	<b>Business Code</b>	541610	7,120,513.	7,120,513.		
	<b>b</b> OTHER INCOME		624100	388,684.	388,684.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			7,509,197.			
<b>12 Total revenue.</b> See instructions			41,890,893.	33865863.	0.	171,618.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	87,879.	87,879.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,270,720.		1,270,720.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,663,183.	12,801,736.	2,861,447.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	424,468.	291,788.	132,680.	
9 Other employee benefits	1,660,328.	1,451,873.	208,455.	
10 Payroll taxes	1,428,992.	1,064,908.	364,084.	
11 Fees for services (nonemployees):				
a Management				
b Legal	67,818.	12,189.	55,629.	
c Accounting	71,924.		71,924.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,256.		21,256.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,079,749.	3,497,372.	582,377.	
12 Advertising and promotion	466,243.	466,243.		
13 Office expenses	119,147.	53,173.	65,974.	
14 Information technology				
15 Royalties				
16 Occupancy	2,283,995.	1,965,558.	318,437.	
17 Travel	84,971.	59,486.	25,485.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	986,056.	986,056.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,901,361.	1,901,361.		
23 Insurance	265,579.	265,579.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>RESIDENT SERVICES &amp; SUP</b>	2,509,408.	2,507,106.	2,302.	
b <b>OTHER OPERATING EXPENSE</b>	1,467,273.	742,618.	724,655.	
c <b>MATERIALS &amp; SUPPLIES</b>	708,468.	628,619.	79,849.	
d <b>LICENSES &amp; FEES</b>	351,899.	19,987.	331,912.	
e All other expenses	133,936.		133,936.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	36,054,653.	28,803,531.	7,251,122.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,386,561.	<b>1</b>	804,576.	
	<b>2</b> Savings and temporary cash investments .....	7,350,882.	<b>2</b>	8,704,822.	
	<b>3</b> Pledges and grants receivable, net .....	1,597,000.	<b>3</b>	372,788.	
	<b>4</b> Accounts receivable, net .....	1,527,327.	<b>4</b>	2,403,320.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	181,274.	<b>9</b>	215,902.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 88,561,036.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 21,511,601.	64,657,910.	<b>10c</b>	67,049,435.
	<b>11</b> Investments - publicly traded securities .....	9,421,298.	<b>11</b>	9,108,158.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	973,879.	<b>15</b>	1,734,384.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	87,096,131.	<b>16</b>	90,393,385.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,739,799.	<b>17</b>	4,845,755.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	509,947.	<b>19</b>	534,862.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	31,409,176.	<b>23</b>	31,446,150.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,772,740.	<b>25</b>	120,005.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	38,431,662.	<b>26</b>	36,946,772.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	44,788,314.	<b>27</b>	46,510,294.	
	<b>28</b> Net assets with donor restrictions .....	3,876,155.	<b>28</b>	6,936,319.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	48,664,469.	<b>32</b>	53,446,613.	
<b>33</b> Total liabilities and net assets/fund balances .....	87,096,131.	<b>33</b>	90,393,385.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,890,893.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,054,653.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,836,240.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	48,664,469.
5	Net unrealized gains (losses) on investments	5	-1,054,087.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-8.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	53,446,614.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	540,763.	1800380.	3174517.	4079735.	7853412.	17448807.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	28169637.	32148047.	32743447.	31875625.	33865863.	158802619
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	28710400.	33948427.	35917964.	35955360.	41719275.	176251426
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....		1277041.	574,426.	2226226.	7076713.	11154406.
<b>c</b> Add lines 7a and 7b .....		1277041.	574,426.	2226226.	7076713.	11154406.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						165097020

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....	28710400.	33948427.	35917964.	35955360.	41719275.	176251426
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	196,107.	347,488.	376,748.	422,026.	609,427.	1951796.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	196,107.	347,488.	376,748.	422,026.	609,427.	1951796.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	28906507.	34295915.	36294712.	36377386.	42328702.	178203222

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	92.65 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	95.75 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	1.10 %
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	.91 %

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

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Schedule A Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b 2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Table with 6 columns: Payer's Name, 2017 Amount, 2018 Amount, 2019 Amount, 2020 Amount, 2021 Amount. Row 1: ANNE RAY FOUNDATION, 0., 1,277,041., 574,426., 2,226,226., 7,076,713. Total to Schedule A, Part III, Line 7b: 1,277,041., 574,426., 2,226,226., 7,076,713.

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**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

ST. PAUL'S EPISCOPAL HOME, INC.

Employer identification number

\*\* - \*\*\*1196

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization  <b>ST. PAUL'S EPISCOPAL HOME, INC.</b>	Employer identification number  <b>** - ***1196</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAN DIEGO WORKFORCE PARTNERSHIP  151 VAN HOUTEN AVE  EL CAJON, CA 92020	\$ 6,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ST. PAUL'S RETIREMENT HOMES FOUNDATION  328 MAPLE STREET  SAN DIEGO, CA 92103	\$ 293,584.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ANNE RAY FOUNDATION  328 MAPLE STREET  SAN DIEGO, CA 92103	\$ 7,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	US DEPARTMENT OF LABOR  200 CONSTITUTION AVE  WASHINGTON, DC 20210	\$ 53,539.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization  <b>ST. PAUL'S EPISCOPAL HOME, INC.</b>	Employer identification number  <b>** - ***1196</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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Name of organization  <b>ST. PAUL'S EPISCOPAL HOME, INC.</b>	Employer identification number  <b>** - ***1196</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>ST. PAUL'S EPISCOPAL HOME, INC.</b>	Employer identification number <b>**-***1196</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		10,637.
<b>j</b> Total. Add lines 1c through 1i			10,637.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	2a
<b>b</b> Carryover from last year	2b
<b>c</b> Total	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THE ORGANIZATION ENGAGED IN ADVOCACY THROUGH (1) MEMBERSHIP IN ORGANIZATIONS REPRESENTING AND ADVOCATING FOR NON-PROFIT SENIOR PROVIDERS AT BOTH FEDERAL AND STATE LEVELS, PRIMARILY AT THE POLICY LEVEL WITH GOVERNMENT STAFF, BUT ALSO PERIODICALLY WITH LEGISLATORS AND THEIR STAFF, AND (2) DIRECT ADVOCACY WITH LEGISLATORS AND POLICY MAKERS

**Part IV** Supplemental Information *(continued)*

AT THE FEDERAL, STATE, AND LOCAL LEVELS. DIRECT ADVOCACY CARRIED OUT BY THE ORGANIZATION'S STAFF REPRESENTS A DE MINIMUS PERCENTAGE OF THEIR TOTAL TIME. SUCH STAFF HAVE FULL-TIME DUTIES AND RESPONSIBILITIES FOCUSED ON THE ORGANIZATION'S SERVICES AND OPERATIONS. THE ORGANIZATION DOES NOT HIRE STAFF SPECIFICALLY TO ENGAGE IN LOBBYING OR ADVOCACY.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **ST. PAUL'S EPISCOPAL HOME, INC.** Employer identification number **\*\* - \*\*\* 1196**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,184,691.	1,186,245.	1,142,186.	2,295,272.	2,259,183.
b Contributions			130,612.	2,170.	27,200.
c Net investment earnings, gains, and losses	-13,696.	12,689.	21,052.	22,244.	18,489.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,627.	14,243.	107,605.	1,177,500.	9,600.
f Administrative expenses					
g End of year balance	1,164,368.	1,184,691.	1,186,245.	1,142,186.	2,295,272.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  10.2300 %
  - b Permanent endowment  66.0300 %
  - c Term endowment  23.7400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  | X   |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	16,456,265.	6,464,316.		22,920,581.
b Buildings	13,943,789.	39,419,118.	17,484,430.	35,878,477.
c Leasehold improvements				
d Equipment	146,580.	4,901,504.	4,027,171.	1,020,913.
e Other		7,229,464.		7,229,464.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				67,049,435.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	120,005.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	120,005.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	41,050,449.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,054,087.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	234,899.
e	Add lines 2a through 2d	2e	-819,188.
3	Subtract line 2e from line 1	3	41,869,637.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,256.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	21,256.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	41,890,893.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	36,268,305.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	234,908.
e	Add lines 2a through 2d	2e	234,908.
3	Subtract line 2e from line 1	3	36,033,397.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,256.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	21,256.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	36,054,653.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

MEET CURRENT PROGRAM NEEDS OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE ORGANIZATION DETERMINED NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF AUGUST 31, 2022. IF APPLICABLE, THE ORGANIZATION WILL RECOGNIZE INTEREST AND PENALTIES RELATED TO UNDERPAYMENT OF INCOME TAXES AS INCOME TAX EXPENSE. AS OF AUGUST 31, 2022, THE ORGANIZATION HAD NO AMOUNTS

Part XIII Supplemental Information (continued)

RELATED TO UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES. THE ORGANIZATION DOES NOT ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED TAX BENEFITS OVER THE NEXT YEAR.

MANAGEMENT OF THE ORGANIZATION BELIEVES ITS ACTIVITIES ALLOW IT TO CONTINUE AS AN ORGANIZATION EXEMPT FROM INCOME TAX. THERE WERE NO ACTIVITIES SUBJECT TO UNRELATED BUSINESS INCOME TAX FOR THE YEAR ENDED AUGUST 31, 2022. THE UNRELATED BUSINESS ACTIVITY HAS REPORTED NET LOSSES FOR THE YEARS ENDED AUGUST 31, 2021, 2020 AND 2019; THEREFORE, NO TAX LIABILITY IS RECORDED. THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

THE ORGANIZATION'S RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX AND EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN FOR THE TAX YEARS ENDED AUGUST 31, 2021, 2020, AND 2019, ARE OPEN FOR EXAMINATION AND MANAGEMENT ANTICIPATES THE STATUTE OF LIMITATIONS FOR THE TAX RETURN FOR THE YEAR ENDED AUGUST 31, 2022, WILL EXPIRE IN JULY 2026.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 234,899.
ROUNDING

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 234,899.
ROUNDING 9.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 234,908.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **ST. PAUL'S EPISCOPAL HOME, INC.** Employer identification number **\*\* - \*\*\* 1196**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY ELDERCARE OF SAN DIEGO 328 MAPLE STREET SAN DIEGO, CA 92103	** - *** 3316	501(C)(3)	48,916.	0.			EQUIPMENT AND SUPPLIES RELATED TO COVID SAFETY MEASURES AND PROTOCOLS
ST. PAUL'S VILLA, INC. 328 MAPLE STREET SAN DIEGO, CA 92103	** - *** 7629	501(C)(3)	38,963.	0.			EQUIPMENT AND SUPPLIES RELATED TO COVID SAFETY MEASURES AND PROTOCOLS

Taxpayer Copy

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. PAUL'S EPISCOPAL HOME, INC.

Employer identification number

\*\*-\*\*\*1196

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHERYL WILSON FORMER CEO, PRESIDENT (UNTIL 03/2022)	(i)	380,134.	50,153.	2,781.	28,362.	18,190.	479,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TIM FRAZIER CAO	(i)	175,815.	17,910.	3,387.	15,865.	8,352.	221,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RANDALL SANNER CFO	(i)	180,977.	19,048.	2,199.	9,523.	8,519.	220,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELLEN SCHMEDING COO	(i)	178,800.	20,662.	4,614.	15,455.	8,410.	227,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KIM MCNULTY FINANCE DIRECTOR	(i)	145,524.	9,174.	474.	12,711.	6,173.	174,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CORY FISH HR DIRECTOR	(i)	141,415.	9,823.	103.	12,588.	6,262.	170,191.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARK VALLADOLID IT DIRECTOR	(i)	142,289.	10,310.	155.	12,417.	6,402.	171,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ELEANOR DOWNING VILLA ADMINISTRATOR	(i)	139,771.	10,371.	243.	12,192.	171.	162,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KIM STRATMAN ADMINISTRATOR	(i)	138,348.	9,184.	249.	12,043.	6,223.	166,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

ST. PAUL'S EPISCOPAL HOME, INC.

Employer identification number

\*\* - \*\*\*1196

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ST. PAUL'S MANOR PROVIDES RENTAL HOUSING, FOOD SERVICES, AND OTHER  
SERVICES TO RESIDENT SENIORS.

ST. PAUL'S HOME PROVIDES GENERAL AND ADMINISTRATIVE SUPPORT TO  
PROGRAMS.

ST. PAUL'S CHILD CARE PROGRAM PROVIDES CHILD CARE SERVICES.

EXPENSES \$ 6,469,632. INCL GRANTS OF \$ 87,879. REVENUE \$ 12,189,016.

FORM 990, PART VI, SECTION A, LINE 6:

CHAPTER OF THE CATHEDRAL CHURCH OF ST. PAUL (SOLE MEMBER)

FORM 990, PART VI, SECTION A, LINE 7A:

SOLE MEMBER APPOINTS TWO EX-OFFICIO DIRECTORS TO THE BOARD OF THE  
ORGANIZATION. IN ADDITION, DEAN OF THE CATHEDRAL OF ST. PAUL'S SERVES AS  
THE PRESIDENT OF THE ORGANIZATION AND SITS EX-OFFICIO, IN THAT CAPACITY, ON  
THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

DIRECTORS OF THE ORGANIZATION ARE APPROVED ANNUALLY BY THE SOLE MEMBER.  
CHANGES IN THE BY-LAWS OF THE ORGANIZATION ARE APPROVED, IN ADVANCE, BY THE  
SOLE MEMBER.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

ST. PAUL'S EPISCOPAL HOME, INC.

Employer identification number

\*\* - \*\*\*1196

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER REVIEW AND APPROVAL BY MANAGEMENT, THE FORM 990 AND FORM 990-T ARE PROVIDED TO ALL BOARD MEMBERS FOR THEIR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN CONFLICT OF INTEREST POLICY STATEMENT ANUALLY. COMPLIANCE WITH THE POLICY MONITORED BY CEO AND BOARD CHAIR.

FORM 990, PART VI, SECTION B, LINE 15:

ANNUAL PERFORMANCE EVALUATION AND COMPENSATION REVIEW OF CEO AND OTHER OFFICERS CONDUCTED BY EXECUTIVE/COMPENSATION COMMITTEE ON THE BOARD'S BEHALF.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS AVAILABLE FOR INSPECTION ARE MADE AVAILABLE AT PHYSICAL LOCATION AND UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS AVAILABLE FOR INSPECTION ARE MADE AVAILABLE AT PHYSICAL LOCATION AND UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	1,878,330.
MANAGEMENT AND GENERAL EXPENSES	582,377.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>2,460,707.</b>

Name of the organization <b>ST. PAUL'S EPISCOPAL HOME, INC.</b>	Employer identification number <b>** - ***1196</b>
--	---

REGISTRY:

PROGRAM SERVICE EXPENSES	1,619,042.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,619,042.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,079,749.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING	-8.
----------	-----

FORM 990, PART XII, LINE 2C:

NO CHANGE IN OVERSIGHT OR SELECTION PROCESS.

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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**  
Open to Public  
Inspection

Name of the organization **ST. PAUL'S EPISCOPAL HOME, INC.** Employer identification number **\*\*-\*\*\*1196**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY ELDERCARE OF SAN DIEGO - 33-0853316, 328 MAPLE STREET, SAN DIEGO, CA 92103	CARE FOR THE ELDERLY	CALIFORNIA	501(C)(3)	LINE 10	ST. PAUL'S EPISCOPAL HOME, INC.	X	
ST. PAUL'S RETIREMENT HOMES FOUNDATION - 33-0627795, 328 MAPLE STREET, SAN DIEGO, CA 92103	PROVIDE FUNDRAISING SUPPORT TO PROGRAMS	CALIFORNIA	501(C)(3)	LINE 7	ST. PAUL'S EPISCOPAL HOME, INC.	X	
ST. PAUL'S VILLA, INC. - 20-0157629 328 MAPLE STREET SAN DIEGO, CA 92103	LEASE OF REAL PROPERTY TO ST. PAUL'S	CALIFORNIA	501(C)(3)	LINE 10	ST. PAUL'S EPISCOPAL HOME, INC.	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY ELDERCARE OF SAN DIEGO	E	36,880,963.	GAAP
(2) COMMUNITY ELDERCARE OF SAN DIEGO	J	1,949,239.	GAAP
(3) COMMUNITY ELDERCARE OF SAN DIEGO	Q	11,837,521.	GAAP
(4) COMMUNITY ELDERCARE OF SAN DIEGO	S	23,537,783.	GAAP
(5) COMMUNITY ELDERCARE OF SAN DIEGO	L	6,993,877.	GAAP
(6) COMMUNITY ELDERCARE OF SAN DIEGO	B	48,916.	GAAP

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ST. PAUL'S RETIREMENT HOMES FOUNDATION	C	293,584.	GAAP
(8) ST. PAUL'S RETIREMENT HOMES FOUNDATION	E	36,880,963.	GAAP
(9) ST. PAUL'S RETIREMENT HOMES FOUNDATION	J	12,996.	GAAP
(10) ST. PAUL'S RETIREMENT HOMES FOUNDATION	Q	278,157.	GAAP
(11) ST. PAUL'S RETIREMENT HOMES FOUNDATION	L	126,636.	GAAP
(12) ST. PAUL'S RETIREMENT HOMES FOUNDATION	O	468,183.	GAAP
(13) ST. PAUL'S VILLA, INC.	E	36,880,963.	GAAP
(14) ST. PAUL'S VILLA, INC.	K	528,000.	GAAP
(15) ST. PAUL'S VILLA, INC.	Q	383,010.	GAAP
(16) ST. PAUL'S VILLA, INC.	B	38,963.	GAAP
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

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2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
5	LAND - HOME	VARIOUS	L				3,629,666.				3,629,666.				0.
6	LAND - MHC	VARIOUS	L				157,279.				157,279.				0.
7	LAND - MANOR	VARIOUS	L				115,836.				115,836.				0.
8	LAND - PLAZA	VARIOUS	L				5,108,281.				5,108,281.				0.
9	LAND - CCC	VARIOUS	L				1,082,920.				1,082,920.				0.
68	LAND - 111 ELM NON UBI	VARIOUS	L				1,864,826.				1,864,826.				0.
72	LAND - 1306 BROADWAY NON UBI	VARIOUS	L				2,641,611.				2,641,611.				0.
74	LAND - 4TH & MAPLE LOT	VARIOUS	L				6,142,638.				6,142,638.				0.
	* 990 PAGE 10 TOTAL - LAND						20743057.				20743057.	0.		0.	0.
	BUILDING & IMPROVEMENTS														
10	BUILDING & IMPROVEMENTS - HOME	VARIOUS	SL	30.00		16	6,060,145.				6,060,145.	1,718,877.		261,374.	1,980,251.
11	BUILDING & IMPROVEMENTS - MHC	VARIOUS	SL	30.00		16	5,575,084.				5,575,084.	3,553,544.		164,047.	3,717,591.
12	BUILDING & IMPROVEMENTS - MANOR	VARIOUS	SL	30.00		16	5,073,425.				5,073,425.	4,598,922.		38,083.	4,637,005.
13	BUILDING & IMPROVEMENTS - PLAZA	VARIOUS	SL	30.00		16	27453616.				27453616.	2,173,264.		1,067,184.	3,240,448.
14	BUILDING & IMPROVEMENTS - CCC	VARIOUS	SL	30.00		16	1,316,988.				1,316,988.	1,113,108.		15,524.	1,128,632.
66	BUILDING & IMPROVEMENTS - 111 ELM NON UBI	VARIOUS	SL	30.00		16	2,368,291.				2,368,291.	1,108,730.		120,933.	1,229,663.
73	BUILDING & IMPROVEMENTS - 1306 BROADWAY NON UBI	VARIOUS	SL	30.00		16	3,962,416.				3,962,416.	385,236.		132,081.	517,317.

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2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL - BUILDING & IMPROVEMENTS						51809965.				51809965.	14651681.		1,799,226.	16450907.
	FURNITURE & EQUIPMENT														
15	FURNITURE & EQUIPMENT - HOME	VARIOUS	SL	10.00		16	619,291.				619,291.	591,618.		10,118.	601,736.
16	FURNITURE & EQUIPMENT - MHC	VARIOUS	SL	10.00		16	1,007,037.				1,007,037.	752,958.		23,880.	776,838.
17	FURNITURE & EQUIPMENT - MANOR	VARIOUS	SL	10.00		16	756,986.				756,986.	675,356.		14,774.	690,130.
18	FURNITURE & EQUIPMENT - PLAZA	VARIOUS	SL	10.00		16	1,184,977.				1,184,977.	836,842.		91,152.	927,994.
19	FURNITURE & EQUIPMENT - CCC	VARIOUS	SL	10.00		16	280,220.				280,220.	271,002.		1,364.	272,366.
20	AUTO/TRANSPORT EQUIPMENT - HOME	VARIOUS	SL	5.00		16	1,055,403.				1,055,403.	577,242.		0.	577,242.
67	FURNITURE & EQUIPMENT - 111 ELM NON UBI	VARIOUS	SL	10.00		16	93,321.				93,321.	76,309.		6,938.	83,247.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT						4,997,235.				4,997,235.	3,781,327.		148,226.	3,929,553.
64	RENTAL ACTIVITY - 111 ELM BUILDING & IMPROVEMENTS - 111 ELM UBI	VARIOUS	SL	30.00		16	986,858.				986,858.	542,298.		0.	542,298.
65	FURNITURE & EQUIPMENT - 111 ELM	VARIOUS	SL	10.00		16	50,849.				50,849.	37,800.		0.	37,800.
69	LAND - 111 ELM UBI	VARIOUS	L				1,016,104.				1,016,104.			0.	
	* 990 PAGE 10 TOTAL - RENTAL ACTIVITY - 111 ELM						2,053,811.				2,053,811.	580,098.		0.	580,098.
33	RENTAL ACTIVITY - 2654 4TH AVENUE BUILDING & IMPROVEMENTS - 2654 4TH AVENUE UBI	VARIOUS	SL	30.00		16	566,079.				566,079.	549,119.		1,927.	551,046.
70	LAND - 2654 4TH AVENUE UBI	VARIOUS	L				1,161,420.				1,161,420.			0.	

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UNRELATED BUSINESS INCOME

**CARRYOVER DATA TO 2022**

Name ST. PAUL'S EPISCOPAL HOME, INC.	Employer Identification Number **-***1196
---	--

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - DEBT-FINANCED RENTAL	29,167.
FEDERAL PRE-2018 NET OPERATING LOSS	682,051.
CA NET OPERATING LOSS	484,065.

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Type and Entity: PRE-2018 NOL FED

**DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 08/31/14	Amount Used for							
				_____	_____	_____	_____	_____	_____	_____	_____
A 2007	215,929.	17,943.	17,943.								
B 2008	51,890.										
C 2014	114,447.										
D 2015	184,445.										
E 2016	58,627.										
F 2017	45,489.										
G 2018	20,111.										
H 2019	9,056.										
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

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Type and Entity: NOL CA

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover									
			Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
A	2008	51,890.										
B	2014	114,447.										
C	2015	184,445.										
D	2016	58,627.										
E	2017	45,489.										
F	2018	20,111.										
G	2019	9,056.										
H												
I												
J												
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Q												
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S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
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# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

AUGUST 31, 2022

<b>Prepared for</b>	ST. PAUL'S EPISCOPAL HOME, INC. 328 MAPLE STREET SAN DIEGO, CA 92103
<b>Prepared by</b>	LAVINE, LOFGREN, MORRIS & ENGELBERG LLP 4180 LA JOLLA VILLAGE DR, STE 300 LA JOLLA, CA 92037
<b>Amount due or refund</b>	NO AMOUNT IS DUE.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	OCTOBER 16, 2023.
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

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# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

# 2021

For calendar year 2021 or other tax year beginning **SEP 1, 2021**, and ending **AUG 31, 2022**.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>ST. PAUL'S EPISCOPAL HOME, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>328 MAPLE STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>SAN DIEGO, CA 92103</b>	<b>D</b> Employer identification number  <b>**-***1196</b>  <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... ▶ <b>90,393,385.</b>				

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **619-239-6900**

### Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	0.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	
4 Charitable contributions (see instructions for limitation rules) .....	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	
6 Deduction for net operating loss. See instructions .....	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	0.

### Part II Tax Computation

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	0.
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	2	
3 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

<b>Part III Tax and Payments</b>				
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>			
b Other credits (see instructions) .....	<b>1b</b>			
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>			
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>			
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>		
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>		0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....		<b>3</b>		
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>		0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>		0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>			
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>			
c Tax deposited with Form 8868 .....	<b>6c</b>			
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>			
e Backup withholding (see instructions) .....	<b>6e</b>			
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....				
<input type="checkbox"/> Form 4136 .....				
<input type="checkbox"/> Other .....				
Total .....	<b>6g</b>			
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>		
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>		
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>		
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....		<b>11</b>		
				<b>Refunded</b>

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		Yes	No
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year .....			
4 Enter available pre-2018 NOL carryovers here .....			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
531120	\$ 29,167.		
	\$		
6a Did the organization change its method of accounting? (see instructions) .....			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....			

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	<b>Signature of officer</b> .....	<b>Date</b> .....	<b>CFO</b> .....	<b>Title</b> .....
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date
	JENNIFER A. GLASER			
	Firm's name ▶ LAVINE, LOFGREN, MORRIS & ENGELBERG LLP		Firm's EIN ▶	PTIN
	4180 LA JOLLA VILLAGE DR, STE 300		** - *** 0020	P00886843
Firm's address ▶ LA JOLLA, CA 92037		Phone no. (858) 455-1200		

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------



**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2021**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>ST. PAUL'S EPISCOPAL HOME, INC.</b>	<b>B</b> Employer identification number <b>** - ***1196</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>531120</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **DEBT-FINANCED RENTAL PROPERTY**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b>	<b>0.</b>	

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)				<b>1</b>
<b>2</b> Salaries and wages				<b>2</b>
<b>3</b> Repairs and maintenance				<b>3</b>
<b>4</b> Bad debts				<b>4</b>
<b>5</b> Interest (attach statement). See instructions				<b>5</b>
<b>6</b> Taxes and licenses				<b>6</b>
<b>7</b> Depreciation (attach Form 4562). See instructions		<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		<b>8a</b>		<b>8b</b>
<b>9</b> Depletion				<b>9</b>
<b>10</b> Contributions to deferred compensation plans				<b>10</b>
<b>11</b> Employee benefit programs				<b>11</b>
<b>12</b> Excess exempt expenses (Part VIII)				<b>12</b>
<b>13</b> Excess readership costs (Part IX)				<b>13</b>
<b>14</b> Other deductions (attach statement)				<b>14</b>
<b>15 Total deductions.</b> Add lines 1 through 14				<b>15</b> <b>0.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				<b>16</b> <b>0.</b>
<b>17</b> Deduction for net operating loss. See instructions				<b>17</b> <b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16				<b>18</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;">..... <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span> 0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span> 0.				

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span> 0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span> 0.				
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span> 0.				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10.

Totals row for Part VI with instructions: Add columns 5 and 10. Enter here and on Part I, line 8, column (A). Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides.

Totals row for Part VII with instructions: Add amounts in column 2. Enter here and on Part I, line 9, column (A). Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to income entered on line 5, 7. Excess exempt expenses.



990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION		STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
08/31/19	20,111.	0.	20,111.	20,111.	
08/31/20	9,056.	0.	9,056.	9,056.	
NOL CARRYOVER AVAILABLE THIS YEAR			29,167.	29,167.	

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# 2021 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

AUGUST 31, 2022

<b>Prepared for</b>	ST. PAUL'S EPISCOPAL HOME, INC. 328 MAPLE STREET SAN DIEGO, CA 92103
<b>Prepared by</b>	LAVINE, LOFGREN, MORRIS & ENGELBERG LLP 4180 LA JOLLA VILLAGE DR, STE 300 LA JOLLA, CA 92037
<b>To be signed and dated by</b>	NOT APPLICABLE
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	

2021

# California Exempt Organization Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **09/01/2021**, and ending (mm/dd/yyyy) **08/31/2022**

Corporation/Organization name <b>ST. PAUL'S EPISCOPAL HOME, INC.</b>	California corporation number <b>0401822</b>
Additional information. See instructions.	FEIN <b>** - ***1196</b>

Street address (suite or room) <b>328 MAPLE STREET</b>		PMB no.
City <b>SAN DIEGO</b>	State <b>CA</b>	ZIP code <b>92103</b>
Foreign country name	Foreign province/state/country	Foreign postal code

<p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy)</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	41,819,435	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	7,853,412	00
	4	Total gross receipts for filing requirement. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	49,672,847	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	7,547,055	00
	7	Total costs. Add line 5 and line 6	7	7,547,055	00
	8	Total gross income. Subtract line 7 from line 4	8	42,125,792	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	36,289,552	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	5,836,240	00
<b>Filing Fee</b>	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

<b>Sign Here</b>	Signature of officer	Title <b>CFO</b>	Date	Telephone <b>619-239-6900</b>
	Preparer's signature	Date <b>10/15/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00886843</b>
<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address <b>LAVINE, LOFGREN, MORRIS &amp; ENGELBERG LLP 4180 LA JOLLA VILLAGE DR, STE 300 LA JOLLA, CA 92037</b>	Firm's FEIN <b>** - ***0020</b>	Telephone <b>(858) 455-1200</b>	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



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CA 199 CASH CONTRIBUTIONS STATEMENT 1  
INCLUDED ON PART I, LINE 3

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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
SAN DIEGO WORKFORCE PARTNERSHIP	151 VAN HOUTEN AVE EL CAJON, CA 92020	08/31/22	6,289.
ST. PAUL'S RETIREMENT HOMES FOUNDATION	328 MAPLE STREET SAN DIEGO, CA 92103	08/31/22	293,584.
ANNE RAY FOUNDATION	328 MAPLE STREET SAN DIEGO, CA 92103	12/31/22	7,500,000.
US DEPARTMENT OF LABOR	200 CONSTITUTION AVE WASHINGTON, DC 20210		53,539.
TOTAL INCLUDED ON LINE 3			<u>7,853,412.</u>

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CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SECURITIES SALES			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	7,547,055.	0.	0.	7,344,145.
TOTAL TO FORM 199, PAGE 2, LN 6	7,547,055.	0.	0.	7,344,145.

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
MANAGEMENT FEES	7,120,513.
OTHER INCOME	388,684.
VILLA AND PLAZA	14,603,818.
MCCOLL HEALTH CENTER	7,073,029.
MANOR	1,823,931.
CHILDCARE	704,422.
RENTAL INCOME	2,151,466.
TOTAL TO FORM 199, PART II, LINE 7	33,865,863.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT                    4

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
PATRICK EDD 328 MAPLE STREET SAN DIEGO, CA 92103	BOARD CHAIR 5.00	0.
RANDY TRUAX 328 MAPLE STREET SAN DIEGO, CA 92103	VICE CHAIR 1.00	0.
LOUISE PHIPPS 328 MAPLE STREET SAN DIEGO, CA 92103	TREASURER 2.00	0.
GLORIA JAMES 328 MAPLE STREET SAN DIEGO, CA 92103	SECRETARY 2.00	0.
JOE CRAVER 328 MAPLE STREET SAN DIEGO, CA 92103	IMMEDIATE PAST CHAIR 2.00	0.
MARK ALLAN 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.
JANET COOPER 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.
JAMES DEVITO 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.
LAURY GRAVES 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.
DAN GROSS 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.
JONATHAN HUNTER 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.

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KIRK JACKSON 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.
ROBERTA JACOBSEN 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.
WILLIAM LITTLEJOHN 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.
BEN MEZA 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.
JAKE SUTTON 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.
RICHARD THORN, ESQ. 328 MAPLE STREET SAN DIEGO, CA 92103	DIRECTOR 1.00	0.
MICHAEL MCHALE 328 MAPLE STREET SAN DIEGO, CA 92103	CURRENT CEO, PRESIDENT (03 16.00	190,158.
CHERYL WILSON 328 MAPLE STREET SAN DIEGO, CA 92103	FORMER CEO, PRESIDENT (UNT 16.00	409,814.
TIM FRAZIER 328 MAPLE STREET SAN DIEGO, CA 92103	CAO 8.00	231,751.
RANDALL SANNER 328 MAPLE STREET SAN DIEGO, CA 92103	CFO 13.00	225,974.
ELLEN SCHMEDING 328 MAPLE STREET SAN DIEGO, CA 92103	COO 40.00	213,023.
KIM MCNULTY 328 MAPLE STREET SAN DIEGO, CA 92103	FINANCE DIRECTOR 30.00	0.
CORY FISH 328 MAPLE STREET SAN DIEGO, CA 92103	HR DIRECTOR 40.00	0.

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MARK VALLADOLID  
328 MAPLE STREET  
SAN DIEGO, CA 92103

IT DIRECTOR  
20.00

0.

ELEANOR DOWNING  
328 MAPLE STREET  
SAN DIEGO, CA 92103

VILLA ADMINISTRATOR  
40.00

0.

KIM STRATMAN  
328 MAPLE STREET  
SAN DIEGO, CA 92103

ADMINISTRATOR  
1.00

0.

TOTAL TO FORM 199, PART II, LINE 11

1,270,720.

CA 199 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
RESIDENT SERVICES & SUP	2,509,408.
OTHER OPERATING EXPENSE	1,467,273.
MATERIALS & SUPPLIES	708,468.
LICENSES & FEES	351,899.
RENTAL EXPENSES	0.
RENTAL EXPENSES	234,899.
PENSION PLAN CONTRIBUTIONS	424,468.
OTHER EMPLOYEE BENEFITS	1,660,328.
LEGAL FEES	67,818.
ACCOUNTING FEES	71,924.
INVESTMENT MANAGEMENT FEES	21,256.
OTHER PROFESSIONAL FEES	4,079,749.
ADVERTISING AND PROMOTION	466,243.
OFFICE EXPENSES	119,147.
TRAVEL	84,971.
INSURANCE	265,579.
ALL OTHER EXPENSES	133,936.
TOTAL TO FORM 199, PART II, LINE 17	12,667,366.

CA 199 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITIES	9,421,298.	9,108,158.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	9,421,298.	9,108,158.

CA 199	OTHER ASSETS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	1,597,000.	372,788.	
PREPAID EXPENSES AND DEFERRED CHARGES	181,274.	215,902.	
DUE FROM RELATED ENTITIES	0.	742,792.	
OTHER RECEIVABLES	0.	25,411.	
RESERVES AND MORTGAGE IMPOUNDS	973,879.	966,181.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,752,153.	2,323,074.	

CA 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEPOSITS	91,587.	120,005.	
DUE TO RELATED ENTITIES	2,681,153.	0.	
DEFERRED REVENUE	509,947.	534,862.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	3,282,687.	654,867.	

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	9
DESCRIPTION		AMOUNT	
UNREALIZED LOSSES		-1,054,087.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-1,054,087.	

CA 199	FUND BALANCES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NET ASSETS WITHOUT DONOR RESTRICTIONS	44,788,314.	46,510,294.	
NET ASSETS WITH DONOR RESTRICTIONS	3,876,155.	6,936,319.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	48,664,469.	53,446,613.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN \*\* - \*\*\*1196

Corporation name

California corporation number

ST. PAUL'S EPISCOPAL HOME, INC.

0401822

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property description and cost calculations.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation.

Part III Summary

Summary table with 3 rows for total expense, total depreciation, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC Section, (f) Period or percentage, (g) Amortization for this year.

CA 3885	DEPRECIATION					STATEMENT 11	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
5 LAND - HOME	VARIOUS	3,629,666.		L		0.	
6 LAND - MHC	VARIOUS	157,279.		L		0.	
7 LAND - MANOR	VARIOUS	115,836.		L		0.	
8 LAND - PLAZA	VARIOUS	5,108,281.		L		0.	
9 LAND - CCC	VARIOUS	1,082,920.		L		0.	
10 BUILDING & IMPROVEMENTS - HOME	VARIOUS	6,060,145.	1718877.	SL	30.00	261,374.	
11 BUILDING & IMPROVEMENTS - MHC	VARIOUS	5,575,084.	3553544.	SL	30.00	164,047.	
12 BUILDING & IMPROVEMENTS - MANOR	VARIOUS	5,073,425.	4598922.	SL	30.00	38,083.	
13 BUILDING & IMPROVEMENTS - PLAZA	VARIOUS	27,453,616.	2173264.	SL	30.00	1067184.	
14 BUILDING & IMPROVEMENTS - CCC	VARIOUS	1,316,988.	1113108.	SL	30.00	15,524.	
15 FURNITURE & EQUIPMENT - HOME	VARIOUS	619,291.	591,618.	SL	10.00	10,118.	
16 FURNITURE & EQUIPMENT - MHC	VARIOUS	1,007,037.	752,958.	SL	10.00	23,880.	
17 FURNITURE & EQUIPMENT - MANOR	VARIOUS	756,986.	675,356.	SL	10.00	14,774.	
18 FURNITURE & EQUIPMENT - PLAZA	VARIOUS	1,184,977.	836,842.	SL	10.00	91,152.	
19 FURNITURE & EQUIPMENT - CCC	VARIOUS	280,220.	271,002.	SL	10.00	1,364.	
20 AUTO/TRANSPORT EQUIPMENT - HOME	VARIOUS	1,055,403.	577,242.	SL	5.00	0.	
33 BUILDING & IMPROVEMENTS - 2654 4TH AVENUE UBI	VARIOUS	566,079.	549,119.	SL	30.00	1,927.	
64 BUILDING & IMPROVEMENTS - 111 ELM UBI	VARIOUS	986,858.	542,298.	SL	30.00	0.	
65 FURNITURE & EQUIPMENT - 111 ELM	VARIOUS	50,849.	37,800.	SL	10.00	0.	
66 BUILDING & IMPROVEMENTS - 111 ELM NON UBI	VARIOUS	2,368,291.	1108730.	SL	30.00	120,933.	
67 FURNITURE & EQUIPMENT - 111 ELM NON UBI	VARIOUS	93,321.	76,309.	SL	10.00	6,938.	
68 LAND - 111 ELM NON UBI	VARIOUS	1,864,826.		L		0.	
69 LAND - 111 ELM UBI	VARIOUS	1,016,104.		L		0.	

70 LAND - 2654 4TH AVENUE UBI				
VARIOUS	1,161,420.	L		0.
72 LAND - 1306 BROADWAY NON UBI				
VARIOUS	2,641,611.	L		0.
73 BUILDING & IMPROVEMENTS - 1306 BROADWAY NON UBI				
VARIOUS	3,962,416.	385,236. SL	30.00	132,081.
74 LAND - 4TH & MAPLE LOT				
VARIOUS	6,142,638.	L		0.
TOTAL TO FORM 3885	<u>81,331,567.</u>	<u>19562225.</u>		<u>1949379.</u>

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TAXABLE YEAR  
**2021**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>ST. PAUL'S EPISCOPAL HOME, INC.</b>	<b>** - ***1196</b>

**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	49,672,847
2	Total gross income (Form 199, line 8)	2	42,125,792
3	Total expenses and disbursements (Form 199, line 9)	3	36,289,552

**Part II Settle Your Account Electronically for Taxable Year 2021**

4	<input type="checkbox"/> Electronic funds withdrawal	4a	Amount	4b	Withdrawal date (mm/dd/yyyy)
---	--	----	--------	----	------------------------------

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5	Routing number	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number		

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>	Signature of officer	Date	<b>CFO</b>	Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	LAVINE, LOFGREN, MORRIS & ENGELBERG L 4180 LA JOLLA VILLAGE DR, STE 300 LA JOLLA, CA			Firm's FEIN ** - ***0020
					ZIP code 92037

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN	
	Firm's name (or yours if self-employed) and address				Firm's FEIN
					ZIP code

# 2021 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING

AUGUST 31, 2022

<b>Prepared for</b>	ST. PAUL'S EPISCOPAL HOME, INC. 328 MAPLE STREET SAN DIEGO, CA 92103
<b>Prepared by</b>	LAVINE, LOFGREN, MORRIS & ENGELBERG LLP 4180 LA JOLLA VILLAGE DR, STE 300 LA JOLLA, CA 92037
<b>To be signed and dated by</b>	THE AUTHORIZED INDIVIDUAL(S).
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0500
<b>Return must be mailed on or before</b>	OCTOBER 16, 2023.
<b>Special Instructions</b>	

2021

California Exempt Organization  
Business Income Tax Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 09/01/2021, and ending (mm/dd/yyyy) 08/31/2022

Corporation/Organization name ST. PAUL'S EPISCOPAL HOME, INC. California corporation number 0401822

Additional information. See instructions. FEIN \*\* - \*\*\*1196

Street address (suite/room no.) 328 MAPLE STREET PMB no.

City (If the corporation has a foreign address, see instructions.) SAN DIEGO State CA ZIP code 92103

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed?  Yes  No
- B Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- D Final return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
Enter date (mm/dd/yyyy)
- E Amended return?  Yes  No
- F Accounting method used: (1)  Cash (2)  Accrual (3)  Other
- G Nature of trade or business SEE STATEMENT 12
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K Unrelated Business Activity (UBA) code
- L Is this a hospital?  Yes  No  
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	•	1	00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2	00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	•	4	00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	•	5	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	•	6	00
	7	Net Operating Loss deduction. See General Information N	•	7	00
	8	Add line 6 and line 7	•	8	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	00
	10	Tax 8.84 % x line 9. See General Information J	•	10	00
	11	Tax credits from Schedule B. See instructions	•	11	00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	•	12	00
	13	Alternative minimum tax. See General Information O	•	13	00
	14	Total tax. Add line 12 and line 13	•	14	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15	00
	16	2021 estimated tax payments. See instructions	•	16	00
	17	Withholding (Form 592-B and/or 593). See instructions	•	17	00
	18	Amount paid with extension (form FTB 3539)	•	18	00
	19	Total payments and credits. Add line 15 through line 18	•	19	00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	•	20	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	•	21	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	•	22	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	•	23	00
	24	Overpayment. Subtract line 14 from line 21. See instructions	•	24	00
	25	Enter amount of line 24 to be applied to 2022 estimated tax	•	25	00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	• 26	00
	a Fill in the account information to have the refund directly deposited. Routing number	• 26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	• 26c	
	27 Penalties and interest. See General Information M	• 27	00
28 • <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	• 29	00	

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	• 1c	00
2 Cost of goods sold and/or operations (Schedule A, line 7)			• 2	00
3 Gross profit. Subtract line 2 from line 1c			• 3	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			• 4a	00
b Net gain (loss) from Part II, Schedule D-1			• 4b	00
c Capital loss deduction for trusts			• 4c	00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			• 5	00
6 Rental income (Schedule C)			• 6	00
7 Unrelated debt-financed income (Schedule D)			• 7	00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			• 8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			• 9	00
10 Exploited exempt activity income (Schedule G)			• 10	00
11 Advertising income (Schedule H, Part III, Column A)			• 11	00
12 Other income. Attach schedule			• 12	00
13 Total unrelated trade or business income. Add line 3 through line 12			• 13	00

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	• 14	00
15 Salaries and wages	• 15	00
16 Repairs	• 16	00
17 Bad debts	• 17	00
18 Interest	• 18	00
19 Taxes	• 19	00
20 Contributions	• 20	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a	00
b Less: depreciation claimed on Schedule A	• 21b	00
22 Depletion	• 22	00
23 a Contributions to deferred compensation plans	• 23a	00
b Employee benefit programs	• 23b	00
24 Other deductions	• 24	00
25 Total deductions. Add line 14 through line 24	• 25	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	• 26	00
27 Excess advertising costs (Schedule H, Part III, Column B)	• 27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	• 28	00
29 Specific deduction	• 29	1,000
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	• 30	00

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title CFO	Date	• Telephone 619-239-6900
	Preparer's signature		Date	• PTIN P00886843
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	LAVINE, LOFGREN, MORRIS & ENGELBERG LLP 4180 LA JOLLA VILLAGE DR, STE 300 LA JOLLA, CA 92037		• Firm's FEIN **-***0020 • Telephone (858)455-1200
	May the FTB discuss this return with the preparer shown above? See instructions			

**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1		00
2	Purchases	2		00
3	Cost of labor	3		00
4	a Additional IRC Section 263A costs. Attach schedule	4a		00
	b Other costs. Attach schedule	4b		00
5	Total. Add line 1 through line 4b	5		00
6	Inventory at end of year	6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7		00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?  Yes  No

**Schedule B Tax Credits.**

1	Enter credit name	code	1		00
2	Enter credit name	code	2		00
3	Enter credit name	code	3		00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11		4		00

**Schedule K Add-On Taxes or Recapture of Tax.**

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a		00
	b Method for non-dealer installment obligations	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3		00
4	Credit recapture. Credit name	4		00
5	Total. Combine the amounts on line 1 through line 4	5		00

**Schedule R Apportionment Formula Worksheet.** Use only for unrelated trade or business amounts.

**Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6



Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b).

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis income from periodicals.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Total. Enter here and on Side 2, Part II, line 14

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

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CA 109

NATURE OF TRADE OR BUSINESS

STATEMENT 12

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DEBT-FINANCED RENTAL PROPERTY

TO FORM 109, PAGE 1

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Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

ST. PAUL'S EPISCOPAL HOME, INC.

0401822

During the taxable year the corporation incurred the NOL, the corporation was a(n):  C corporation

S corporation  Exempt organization  Limited liability company (electing to be taxed as a corporation)

FEIN

\*\*-\*\*\*1196

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

Table with 6 rows for NOL calculation. Line 1: Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Line 2: 2021 disaster loss included in line 1. Line 3: Subtract line 2 from line 1. Line 4a: Enter the amount of the loss incurred by a new business. Line 4b: Enter the amount of the loss incurred by an eligible small business. Line 4c: Add line 4a and line 4b. Line 5: General NOL. Subtract line 4c from line 3. Line 6: Current year NOL. Add line 2, line 4c, and line 5.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

Table with 1 row for NOL carryover. Line 1: Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). If the corporation taxable income is \$1,000,000 or more, see inst.

Prior Year NOLs

Table with 8 columns: (a) Year of loss, (b) Code - See instructions, (c) Type of NOL - See below \*, (d) Initial loss - See instructions, (e) Carryover from 2020, (f) Amount used in 2021, (g) Available balance, (h) Carryover to 2022 col. (e) minus col. (f). Includes a large watermark 'Taxpayer Copy' and 'SEE STATEMENT 13'.

Current Year NOLs

Table with 8 columns: (a) Year of loss, (b) Code - See instructions, (c) Type of NOL - See below \*, (d) Initial loss - See instructions, (e) Carryover from 2020, (f) Amount used in 2021, (g) Available balance, (h) Carryover to 2022 col. (e) minus col. (f). Includes rows for 2021 with 'DIS' in column (c).

\* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2021 NOL deduction

Table with 3 rows for NOL deduction. Line 1: Total the amounts in Part II, line 2, column (f). Line 2: Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Line 3: Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7.

CA 3805Q		PRIOR YEAR NOLS			STATEMENT 13	
(A) YEAR	(B) CODE (D) LOSS	(C) TYPE OF NOL (E) C/O AMOUNT	(F) AMOUNT USED IN CURRENT YEAR	(G) AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR	
2008		GEN				
	51,890.	51,890.	0.	0.	51,890.	
2014		GEN				
	114,447.	114,447.	0.	0.	114,447.	
2015		GEN				
	184,445.	184,445.	0.	0.	184,445.	
2016		GEN				
	58,627.	58,627.	0.	0.	58,627.	
2017		GEN				
	45,489.	45,489.	0.	0.	45,489.	
2018		GEN				
	20,111.	20,111.	0.	0.	20,111.	
2019		GEN				
	9,056.	9,056.	0.	0.	9,056.	
TOTALS		484,065.	0.		484,065.	

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# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

AUGUST 31, 2022

<b>Prepared for</b>	ST. PAUL'S EPISCOPAL HOME, INC. 328 MAPLE STREET SAN DIEGO, CA 92103
<b>Prepared by</b>	LAVINE, LOFGREN, MORRIS & ENGELBERG LLP 4180 LA JOLLA VILLAGE DR, STE 300 LA JOLLA, CA 92037
<b>Amount due or refund</b>	BALANCE DUE OF \$800.00
<b>Make check payable to</b>	DEPARTMENT OF JUSTICE
<b>Mail tax return and check (if applicable) to</b>	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
<b>Return must be mailed on or before</b>	OCTOBER 16, 2023
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  WE RECOMMEND THE REPORT BE SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. THE RECEIPT SHOULD BE RETAINED AS EVIDENCE OF MAILING.

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**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400  
WEBSITE ADDRESS:  
www.oag.ca.gov/charities

<p><u>ST. PAUL'S EPISCOPAL HOME, INC.</u> Name of Organization</p> <p>List all DBAs and names the organization uses or has used</p> <p><u>328 MAPLE STREET</u> Address (Number and Street)</p> <p><u>SAN DIEGO, CA 92103</u> City or Town, State, and ZIP Code</p> <p><u>(619) 239-6900</u>      <u>GVIEU@STPAULSENIORS.ORG</u> Telephone Number      E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT005213</u></p> <p>Corporation or Organization No. <u>0401822</u></p> <p>Federal Employer ID No. <u>95-2111196</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 09/01/2021 ending 08/31/2022) list:

Total Revenue (including noncash contributions) \$ 41,890,893 Noncash Contributions \$ 0 Total Assets \$ 90,393,385  
 Program Expenses \$ 28,803,531 Total Expenses \$ 36,054,653

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? <span style="float: right;"><b>SEE STATEMENT 14</b></span>	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<b>RANDALL SANNER</b>	<b>CFO</b>	
Signature of Authorized Agent	Printed Name	Title
		Date

